



## **Next Generation Grants**

## **Application Instructions**

**OMB Control #: 3045-0087**  
**Expiration Date: 02/29/2008**

## TABLE OF CONTENTS

<b>1. Introduction .....</b>	<b>4</b>
<b>2. Submission and Compliance Requirements.....</b>	<b>4</b>
<b>3. Application Instructions.....</b>	<b>6</b>
<b>4. APPENDIX A – SF424 Facesheet and Instructions.....</b>	<b>12</b>
<b>5. APPENDIX B – Assurances and Certifications.....</b>	<b>16</b>
Assurances.....	17
Certifications.....	19
<b>6. APPENDIX C – Service Categories.....</b>	<b>23</b>
<b>7. APPENDIX D – Performance Measurement Worksheet .....</b>	<b>24</b>
<b>8. APPENDIX E – SF424A Budget Form and Instructions.....</b>	<b>25</b>
<b>9. APPENDIX F – Survey on Ensuring Equal Opportunity for Applicants...</b>	<b>30</b>

## IMPORTANT NOTICE

The Corporation for National and Community Service has changed its application instructions to conform with the on-line grant application system, eGrants. The Corporation's eGrants website system will serve applicants and grantees until the government-wide E-Grants portal is available for use. It is the Corporation's intention to participate in this E-Gov initiative when it is available.

**Public Burden Statement:** The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential persons who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R. 1320.5(b)(2)(i)). **Time Burden:** The time required to complete this collection of information is estimated to average 10 hours per applicant, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **Use of Information:** The information collected constitutes an application to the Corporation for grant funding. The Corporation evaluates the application and makes funding decisions through the Corporation's grant review and selection process. **Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for funding. Therefore it would not be possible to consider granting funds to the applicant. **Public Comments:** Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, 9<sup>th</sup> floor, Attn: Marlene Zakai, 1201 New York Avenue, N.W. Washington, D.C. 20525.

## Instructions for Submitting a *Next Generation Grant* Application

To develop your application, you need to carefully read these Instructions, the Next Generation Grants Notice of Funding Availability, and any additional guidance given by the Corporation for National and Community Service regarding the *Next Generation Grants*. These instructions, in tandem with our instructions on using eGrants and the supplemental information we provide, will help you complete your application. You may access all of this information at our website, [http://www.nationalservice.org/funding\\_initiatives/index.html](http://www.nationalservice.org/funding_initiatives/index.html).

### Submission Date and Time

The Corporation requires that all applicants make every effort to submit your application electronically utilizing the Corporation's web-based application system, eGrants. Please go to [www.nationalservice.org/egrants/index.html](http://www.nationalservice.org/egrants/index.html) and create an eGrants account to begin the process of submitting your application online. Instructions on how to create an account are available at this website.

The Corporation strongly encourages you to create an eGrants account and begin your application at least 3 weeks prior to the final submission deadline. This will allow you time to address technical issues prior to the deadline.

**The deadline for eGrants submissions is 5:00 p.m. Eastern Standard/Daylight Time on XXX ##, 200#.** If you are unable to submit your application using eGrants, a paper application along with a diskette or CD Rom with an exact duplicate of your application must be received at the Corporation for National and Community Service, 1201 New York Avenue, NW, Box NGG, Washington, DC 20525 **by 5:00 p.m. Eastern Standard/Daylight Time on XXXX ##, 200#.** If there are differences between the paper application and the diskette/CD Rom, we will use the diskette/CD Rom version.

You should contact the eGrants Help Desk immediately if a problem arises while you are creating your account, preparing, or submitting your application. In the event you are prevented from completing and submitting your application by the deadline because the eGrants system is unavailable or you are having technical eGrants submission issues, you must contact the eGrants Helpdesk at 888-677-7849 or 202-6060-5000 x533 or email at [egrantshelp@cns.gov](mailto:egrantshelp@cns.gov), prior to the 5:00 p.m. ES/DT deadline to explain your technical issue and receive an eGrants ticket number.

You must then submit the following items *in hard copy* to the Corporation:

- A brief paragraph including your eGrants ticket number and your explanation of the technical issues that prevented you from submitting in eGrants by the deadline;
- A paper application; and
- A diskette or CD Rom with an exact duplicate of your application.

Submit these items via overnight carrier (non-US Postal Service because of security-related delays in receiving mail from USPS) or by hand delivery to: Corporation for National and Community Service, 1201 New York Avenue, NW, Box (abbreviation of Competition), Washington, DC 20525. These items must be postmarked no later than noon on XXXX ##, 200#. [one day after the deadline] and received at the Corporation no later than **5:00 p.m. Eastern Standard/Daylight Time on XXX ##, 200# (two days after the deadline).** Applications submitted by fax or email will not be accepted.

We encourage you to continue to work with the eGrants helpdesk to attempt to get your proposal submitted via eGrants. CNCS Staff will compare your paper/diskette submission against what was submitted in eGrants to ensure consistency. In the case of inconsistency between the paper/diskette submission and the application submitted through eGrants, the paper/diskette version will be accepted.

In the event of prolonged unavailability on the date of submission, the Corporation reserves the right to extend the eGrants submissions deadline. A notice will be placed in eGrants and on our website, notifying all users of the extended deadline. In this case applicants would need to submit applications via eGrants by the new deadline.

**We require applicants to:**

- ❑ Submit applications by the posted deadline.
- ❑ Adhere to the character limits listed in the narrative section below<sup>1</sup>.
- ❑ Submit financial statements or audits, budget forms for the individual years of the grant period, and a recent evaluation of the program, if there is one. Forms submitted by fax or email will not be accepted. Applicants who fail to their budget forms will be considered ineligible. Do not submit any other supplementary materials such as annual reports, videos, brochures, letters of support, or any supplementary material not requested in the application. They will not be reviewed.

Applications that are nonresponsive to these Instructions, the Next Generation Grants Notice of Funding Availability, and other additional guidance given by the Corporation for this grant competition will be considered ineligible.

**The Corporation reserves the right to review any application that is submitted.**

## **Helpful Hints**

- ❑ We suggest that you prepare and save your application as a word processing document prior to inputting it into eGrants. Use this document to copy and paste the application into eGrants.
- ❑ Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application whether using eGrants or submitting by paper.
- ❑ Remember to follow the character limits listed below. We use character limits rather than page limits because of the structure of eGrants. Characters include letters, punctuation, and spaces in the document. Your word processing software can provide a character count.
- ❑ Grant applications must provide a Dun and Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number is known as the universal identifier and helps the federal government improve statistical reports on federal grants and cooperative agreements. The DUNS number will not replace the EIN. DUNS numbers may be obtained at no cost by calling the DUNS number request line at (866) 705-5711. There is a DUNS number field in the Organization section in eGrants.

---

<sup>1</sup> The character count includes all letters, punctuation, and spaces in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

# Application Instructions for Next Generation Grants

Submit an application that consists of the following components in the following order.

## 1. SF424 Facesheet (Applicant & Application Information Sections)

Complete the Applicant and Application information sections<sup>2</sup>. See Appendix A.

## 2. Authorization, Assurances, and Certifications (Authorize and Submit section)

Read the authorization, assurances, and certifications carefully. Complete each section of the Authorize and Submit section. See Appendix A #17 and Appendix B.

## 3. Narrative (Narratives Section)

Provide a well-designed plan with a clear and compelling justification for awarding the requested funds. The narrative will cover the two-year project period for which you are requesting approval.

The Narrative includes:

- A. Executive Summary (2,000 characters)
- B. Summary of Accomplishments and Outcomes, if applicable (4,000 characters)
- C. Program Design
- D. Organizational Capacity
- E. Budget/Cost Effectiveness

The maximum length for the Executive Summary is 2,000 characters. The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters. The maximum length for the Background, Proposed Strategy, Organizational Capacity, and Budget/Cost Effectiveness is 41,000 characters. Each of these fields has a maximum capacity of 32,000 characters. However, the total of all of the fields combined cannot be more than 47,000 characters.<sup>3</sup> This allows you flexibility in the number of characters you place in each field.

### A. Executive Summary

Provide a concise overview of the proposed project that summarizes the need, the proposed strategy for addressing the need, anticipated outcomes and accomplishments, how the outcomes will be achieved and measured, and the estimated length of time needed to complete the project. The maximum length for the Executive Summary is 2,000 characters.

### B. Summary of Accomplishments and Outcomes

If applicable, complete this section by providing a clear description of the accomplishments and outcomes you have achieved in previous years. This section applies to organizations that have been in operation for two or more years. If you are

---

<sup>2</sup> “Section” refers to the different components of the application in eGrants.

<sup>3</sup> The character count includes all letters, punctuation, and spaces in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

not able to describe your past accomplishments and outcomes, indicate why in this field. The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters.

## **C. Program Design**

**1. Background.** Describe your organization, its role in the community, and the community need(s) that the organization seeks to address through this grant. Your description should address the following:

- a.** Describe the organization's mission, history, age, accomplishments, and beneficiaries.
- b.** Describe the community need(s) your project is designed to address. Document with available information the nature and scale of the problem. Where possible use verifiable data or existing research and reports to support your description of the problem or need.

**2. Proposed Strategy.** Describe your approach to addressing the need or problem described in the background section. Your description should address the following:

- a. Goals and Objectives.** What are your proposed project's target goals and objectives? What are the expected outcomes and how will they be measured?
- b. Program Strategy.** What is the logical connection between the community need(s) you describe and the approach you are proposing? In describing the strategy, address the following:
  - 1.** Who is the target population or beneficiaries of this proposed project?
  - 2.** Why will this approach be successful and why is it more promising than other alternative approaches?
  - 3.** Why is service an appropriate intervention to address the community need(s)?
  - 4.** How is this approach innovative? How will it increase the field's knowledge about promising but untested approaches to national and community service?
  - 5.** How could this proposed approach be replicated in other communities across the nation? What resources are available to support replication? What are the obstacles?

**3. Community Resources.** How will you use existing community resources, such as other service or community organizations, community volunteers, and other resources, to implement your approach? How will the proposed program bring additional beneficial resources to the community?

**4. Program Participants.**<sup>4</sup> Describe the role(s) intensive service individuals, senior volunteers, participants in service-learning, and/or community volunteers will play in the project and explain your reasoning behind assigning these roles.

1. What will be the role(s) of program participants (intensive service individuals, senior volunteers, and/or service-learning participants) and community volunteers in implementing your approach?
2. What incentives will you provide to program participants and community volunteers?
3. What benefits will the participants and volunteers receive from their service (consider more than monetary benefits)?
4. What strategies will you use to recruit the appropriate program participants and community volunteers?
5. What trainings and opportunities for professional development will you have for various program participants and community volunteers?

**5. Program Sustainability.** Provide details on how you plan to sustain this program, or its service activities, beyond the grant period?

**6. Federal Work Study (For Higher Education Institutions Only).** How will you use Federal Work Study to promote the service activities in your proposed strategy?

**7. Description of Activities.** Please describe in detail the activities of the proposed program and provide a timeline for the activities. The description should include all activities associated with the project, including but not limited to:

1. Service activities
2. The roles of program participants in delivering the proposed service activities
3. The recruitment, support, and management of participants
4. The anticipated role and activities of community partners

**D. Organizational Capacity.** Describe your capacity to implement and manage the proposed program. Your description should address the following:

- 1. Ability to Provide Program Oversight.** Describe the demonstrated experience and infrastructure your organization has in managing programs similar to the one proposed in this application. Who are the key staff responsible for program oversight, and what past experience will they bring to program? Detail the responsibilities of each key staff member.
- 2. Ability to Provide Fiscal Oversight.** Describe the demonstrated experience and infrastructure your organization has in managing grants. What is your current organizational budget and what percentage of the budget would this grant represent? Who are the key staff responsible for fiscal oversight, and what past experience will they bring to program? Detail the responsibilities of each key staff member.

---

<sup>4</sup> Refer to the Next Generation Grants Notice of Funding Availability for more information on the definition of 'program participant' for Next Generation Grant programs.



**3. Volunteer Management.** What experience does your organization have with recruiting and managing volunteers? What capacity does your organization currently have to recruit and manage volunteers?

**4. Training and Technical Assistance.** Describe your plans and your capacity to provide or secure needed training and technical assistance.

**5. Evaluation and Continuous Improvement.** Describe your plans and your capacity (current and anticipated) to implement and use self-assessment, evaluation, and continuous improvement systems to provide data and information on the success of the project.

#### **E. Budget/Cost-Effectiveness**

**1. Budget and Program Design.** Explain how the proposed program budget reflects the program's goals and design.

**2. Match Sources.** Detail the amounts and sources for the proposed non-federal cash match required for the grant. Identify the amounts and sources of any other cash and in-kind contributions to this project.

#### **5. Service Categories (Service Categories Section)**

Please select the primary service categories and the corresponding issue areas that most closely apply to your program activities. See Appendix C.

#### **6. Performance Measurements (Performance Measures Section)**

*Before you complete this section, read the Performance Measurement Toolkit on the Corporation's website: [www.nationalservice.org](http://www.nationalservice.org).*

*We will review and consider your performance measures using the Proposed Strategy section of the selection criteria. Your performance measures should be clearly linked to the program narrative and focus on the areas in which you expect to make the greatest impact. Performance measures should cover the grant period, with targets set for each year whenever possible based on the type of data collected. Progress will be reviewed each year. At a minimum, we expect programs to report on an output performance measure at the end of the first year and an outcome measure at the end of the second year. However, we encourage programs to move rapidly to an outcome-based performance measurement system. Expectations regarding when grantees will report on their performance measures will be a part of the grant negotiation process.*

Include at least three performance measures. Among those should be at least one output, one intermediate-outcome, and one end-outcome measure.

Also:

- ☐ Please note that it is not necessary to include a performance measure for each of these three categories – Needs and Service Activities, Member Development, and Strengthening Communities.
- ☐ At least one of the three performance measures should reflect the goal related to managing and recruiting volunteers unless your narrative describes why you cannot address this element.

- ❑ You may submit other performance measures beyond those required. We will consider any additional performance measures you submit and will negotiate them with the required measures.

Using the Performance Measurement Worksheet in Appendix D as a guide, enter each of your performance measures.

## **7. Budget (Budget Section)**

See Appendix E. The budget should be sufficient to perform the tasks described in the proposal narrative for the entire grant period. Because eGrants will only allow you to submit one budget, enter the total combined budget for both years of the grant period into eGrants.

Do not include unexplained amounts, amounts for miscellaneous or contingency costs, or unallowable expenses such as entertainment costs. Round all figures to the nearest dollar.

We recommend you prepare your project budget off-line before entering it into eGrants. eGrants will create the budget and the budget narrative automatically from the detailed budget information you entered. Budget Categories are:

### **Support Expenses**

- a. Project Personnel Expenses
- b. Personnel Fringe Benefits
- c. Travel
- d. Equipment
- e. Supplies
- f. Contractual and Consultant Services
- g. Training
- h. Evaluation
- i. Other Support Costs
- j. Indirect Costs

## **8. Survey on Ensuring Equal Opportunity for Applicants**

The Corporation and other Federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives (FBCI) to conduct a survey of organizations that have received Federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization.

This form is for applicants that are nonprofit private organizations (not including private universities). All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on your form will not be released and will not be considered in any way in making future funding decisions.

There are two ways to complete the survey: 1) while preparing your application; and 2) after submitting your application.

- 1) To complete the survey while preparing your application, go to the eGrants Main Menu, click on Enter Survey on Ensuring Equal Opportunity, provide the requested information, and submit.
- 2) If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select “Remind Me Later,” you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

This form is for applicants that are nonprofit private organizations (not including private universities). All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions.

If you are submitting a paper application, the survey forms and instructions are found in Appendix F.

## **9. Additional Documents (Documents Section)**

All additional documents must be submitted to the Corporation by the application deadline. Forms submitted by fax or email will not be accepted. Materials should be mailed to:

Corporation for National and Community Service  
Next Generation Grants  
Box NGG  
1201 New York Avenue N.W.  
Washington, D.C. 20525

Include a hard copy of the completed SF424 Facesheet with the materials to indicate with which application the documents correspond.

### **A. Financial Statements or Audits**

Applicants should provide their most recent financial statement or audit. Submit one printed version of the complete financial statement or audit.

### **B. Program Evaluations**

Applicants should provide an evaluation completed in the last four years, if one is available. Submit a printed version of the complete evaluation with a one paragraph summary as a coversheet.

## **“Application Information” Sections)**

This form is required for applications submitted for federal assistance.

### ***Item #***

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only. (Not applicable for Next Generation Grants)
4. Item 4.a: Leave blank  
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
  - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
  - c. Your organization’s DUNS number (received from DUN and Bradstreet).
  - d. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
  - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7.a.: Enter the appropriate letter in the box.  
Item 7.b.: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

1. 2-year college	17. Local Government Municipal
2. 4-year college	18. National Non-profit (Multistate)
3. Area Agency on Aging	19. Other Native American Organization
4. Chamber of Commerce/Business Association	20. Other State Government
5. Community Action Agency/ Community Action Program	21. School (K-12)
6. Community College	22. Self-Incorporated Senior Corps Project
7. Community-Based Organization	23. Service/Civic Organization
8. Faith-based organization	24. State Commission/Alternative Administrative Entity
9. Governor’s Office	25. State Education Agency
10. Grant-making Entity Operating in Two or More States	26. Statewide Association
11. Health Department	27. Tribal Government Entity
12. Hispanic Serving College or University	28. Tribal Organization (non-government)
13. Historically Black College or University (HBCU)	29. U.S. Territory
14. Law Enforcement Agency	30. Vocational/Technical College
15. Local Affiliate of National Organization	31. Volunteer Management Organization
16. Local Education Agency	32. Other
8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:

- a. Check “New” if you are applying for assistance for the first time or are reapplying for a new grant cycle. (Next Generation Grants select “New”)
- b. Check “Continuation” if you are a grantee applying for your second or third year of funding within your 3-year project period.
- c. Check “Amendment” if you are a grantee proposing any change in your budget or requesting a no cost extension.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- a. Select “Augmentation” if you are a grantee submitting a revised budget to incorporate a Corporation-authorized increase.
- b. Select “Budget Revision” to make a change in the grant budget, including slots.
- c. Select “No cost Extension” to request an extension of the grant period, and then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
- d. Select “Other,” as applicable, and specify in the blank provided.

9. Filled in for your convenience.

10. Use the following CFDA (Catalog of Federal Domestic Assistance) number for the applicable program listing:

94.007 Innovative and Demonstration Program

11a. Enter the title of the project

11b. Enter the name of the CNCS program initiative as provided in the instructions corresponding to the NOFA for which you are applying: Next Generation Grants.

12. List only the largest political entities affected (e.g., counties, and cities).

13. (See item 8)

- “New” application or “New application/previous grantee”: Enter the dates for the proposed project period.
- “Continuation” or “Amendment” application: Enter the dates of the approved project period.

14. Check the appropriate box to indicate the number of years within the grant period for which funding is being requested. Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

- a. **Federal** The total amount of Federal funds being requested in the budget.
- b. **Applicant** The total amount of the applicant share as entered in the budget.
- c. **Local** The amount of the applicant share that is coming from local sources.
- d. **State** The amount of the applicant share that is coming from state sources.
- e. **Other** The amount of the applicant share that is coming from other sources.
- f. **Program Income** The amount of the applicant share that is coming from income generated programmatic activities.
- g. **Total** The applicant's estimate of the total funding amount for the agreement

15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html>. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.  
(Next Generation Grants select "No")

- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
- b. If No, check the appropriate box.

16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.

17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

**Note:** Falsification or concealment of a material fact or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

# PART I - FACESHEET

## APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	
3. a. DATE RECEIVED BY STATE:		3.b. STATE APPLICATION IDENTIFIER:	
4. a. DATE RECEIVED BY CNCS:		4.b. CNCS GRANT NUMBER:	

  

5. APPLICANT INFORMATION			
5a. LEGAL NAME:  5b. ORGANIZATIONAL UNIT:  5c. ORGANIZATIONAL DUNS:  5d.. ADDRESS (give street address, city, county, state and zip code):		5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME:  TELEPHONE NUMBER: (       )       -  FAX NUMBER: (       )       -  INTERNET E-MAIL ADDRESS:	

  

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 2px 0;"></div>	7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 48%;">                     A. State                      B. County                      C. Municipal                      D. Township                      E. Interstate                      F. Intermunicipal                      G. Special District                      O. Other (specify) _____                 </div> <div style="width: 48%;">                     H. Independent School District                      I. State Controlled Institution of Higher Learning                      J. Private University                      K. Indian Tribe                      L. Individual                      M. Profit Organization                      N. Private Non-Profit Organization                 </div> </div>
8. TYPE OF APPLICATION (Check appropriate box): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 48%;"> <input type="checkbox"/> NEW  <input type="checkbox"/> CONTINUATION                 </div> <div style="width: 48%;"> <input type="checkbox"/> NEW/PREVIOUS GRANTEE  <input type="checkbox"/> AMENDMENT                 </div> </div> If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>  A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify below): <input type="checkbox"/>	7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____  9. NAME OF FEDERAL AGENCY: <div style="text-align: center; font-weight: bold; font-size: 1.1em;">Corporation for National and Community Service</div>

  

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	11. a. TITLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):	11.b. CNCS PROGRAM INITIATIVE (IF ANY):

  

13. PROPOSED PROJECT-     START DATE-     END DATE-															
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">a. FEDERAL</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">b. APPLICANT</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">c. STATE</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">d. LOCAL</td> <td style="border-bottom: 1px solid black;">\$ N/A</td> </tr> <tr> <td style="border-bottom: 1px solid black;">e. OTHER</td> <td style="border-bottom: 1px solid black;">\$ N/A</td> </tr> <tr> <td style="border-bottom: 1px solid black;">f. PROGRAM INCOME</td> <td style="border-bottom: 1px solid black;">\$ N/A</td> </tr> <tr> <td style="border-bottom: 1px solid black;">g. TOTAL</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table>	a. FEDERAL	\$	b. APPLICANT	\$	c. STATE	\$	d. LOCAL	\$ N/A	e. OTHER	\$ N/A	f. PROGRAM INCOME	\$ N/A	g. TOTAL	\$	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. FEDERAL	\$														
b. APPLICANT	\$														
c. STATE	\$														
d. LOCAL	\$ N/A														
e. OTHER	\$ N/A														
f. PROGRAM INCOME	\$ N/A														
g. TOTAL	\$														
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES    If "Yes," attach an explanation.                 <input type="checkbox"/> NO             </div>															

  

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED:

Modified Standard Form 424-(Rev. 11/02 to conform to the CNCS eGrants system)

## APPENDIX B: Assurances and Certifications (Assurances & Certifications tab)

### Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

**a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

**b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

**e) Certification requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**f) Certification inclusion in subgrant agreements**

You agree by submitting this proposal that you will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions,” provided by us, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

**g) Certification of subgrant principals**

You may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the certification is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**h) Non-certification in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**i) Prudent person standard**

Nothing contained in the foregoing may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.



## ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-I et seq.).

15. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

## CERTIFICATIONS

### 1. Lobbying (Activities)

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### 2. Debarment, Suspension, and Other Responsibility Matters

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities.

A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor any of the principals:

- (a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- (b) Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered in connection with fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- (c) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in the above paragraph of this certification, and
- (d) Has within a three-year period preceding this application, had one or more public transactions (Federal, State or local) terminated for cause or default and

B. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

### 3. Drug-Free Workplace (Grantees other than Individuals)

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the grantee will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establish an ongoing drug-free awareness program to inform employees about—
  - (1) the dangers of drug abuse in the workplace,
  - (2) the grantee's policy of maintaining a drug-free workplace.
  - (3) any available drug counseling, rehabilitation, and employee assistance programs, and
  - (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:
  - (1) abide by the terms of the statement, and
  - (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- (e) Notifying us within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—
  - (1) taking appropriate personnel action against such an employee, up to and including termination or
  - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

## Assurances and Certification

---

**ASSURANCE SIGNATURE:**      **NOTE: Sign this form and include in the application.**

**SIGNATURE:**      By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

**CERTIFICATION SIGNATURE:**      **NOTE: Sign this form and include in the application.**

**Before you start:** Before completing certification, please read the Certification Instructions.

**SIGNATURE:**      By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The Certification is:  
Lobbying Activities

**Legal Applicant:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This Page Intentionally Left Blank*

## APPENDIX C -- SERVICE CATEGORIES (Service Categories Section)

Not all 3-Digit Codes are applicable to all programs and projects. Double-click on the box and click on "checked."

### HEALTH/NUTRITION

- ☐ Delivery of Health Services
- ☐ Health Education
- ☐ Maternal/Child Health Services
- ☐ Mental Health
- ☐ Congregate Meals
- ☐ Mental Retardation

- ☐ Substance Abuse
- ☐ Physical Disabilities Programs
- ☐ In-Home Care
- ☐ Hospice/Terminally Ill
- ☐ Food Distribution/Collection
- ☐ Boarder Babies

- ☐ HIV/AIDS
- ☐ Immunization
- ☐ Other Health/Nutrition
- ☐ CHIPS/SCHIPS
- ☐ Health Screening

### EDUCATION

- ☐ Pre-Elementary Day Care
- ☐ Elementary Education
- ☐ Secondary Education
- ☐ Special Education
- ☐ Tutoring & Child Literacy – Elementary
- ☐ Tutoring and Child Literacy – Middle School

- ☐ Tutoring and Child Literacy – High School
- ☐ Job Preparedness/Vocation Education
- ☐ Library Services
- ☐ Cultural Heritage
- ☐ ESL
- ☐ GED/Dropouts
- ☐ Head Start/School Preparedness

- ☐ Service Learning
- ☐ Adult Education and Literacy
- ☐ Other Education
- ☐ After School Programs
- ☐ America Reads
- ☐ Computer Literacy
- ☐ Youth Leadership/Development

### ENVIRONMENTAL

- ☐ Waste Reduction/Management/Recycling
- ☐ Environmental Awareness
- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Energy Conservation
- ☐ Indoor Environment
- ☐ Toxic Waste Management
- ☐ Wildlife, Land, Vegetation Protection/Restoration
- ☐ Other Environment
- ☐ Community Restoration/Clean Up

### DISASTER

- ☐ Disaster Preparedness
- ☐ Disaster Mitigation
- ☐ Disaster Response
- ☐ Disaster Recovery
- ☐ Other Disaster

### HOMELAND SECURITY

- ☐ Homeland Security-Public Health
- ☐ Homeland Security-Public Safety
- ☐ Homeland Security-Disaster Preparedness/Relief

### PUBLIC SAFETY

- ☐ Safety/Fire Prevention/Accident Prevention
- ☐ Adult Offender/Ex-Offender Services/Rehabilitation
- ☐ Child Abuse/Neglect
- ☐ Crime Awareness/Crime Avoidance
- ☐ Victim/Witness Assistance

- ☐ Community Policing/Community Patrol
- ☐ Conflict Resolution/Mediation
- ☐ Elder Abuse/Neglect
- ☐ Family Violence
- ☐ Improvement of Household Security
- ☐ Neighborhood Watch/Block Watch

- ☐ Sexual Abuse/Rape
- ☐ Children & Youth Safety Programs
- ☐ Juvenile Justice/Delinquency/Gangs
- ☐ Legal Assistance
- ☐ Safe Havens
- ☐ Other Public Safety

### HOUSING

- ☐ Home Management Support/Education
- ☐ Homelessness
- ☐ Housing Referrals/Relocation/Other
- ☐ Housing Rehabilitation/Construction
- ☐ Independent Living-Disabled
- ☐ Independent Living-Seniors
- ☐ Tenant Organizing
- ☐ Transitional Housing
- ☐ Other Housing

### HUMAN NEEDS – GENERAL

- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Mentoring
- ☐ Respite
- ☐ Teen Pregnancy/Parent Support Education
- ☐ Senior Center Program (non-residential)
- ☐ Other Human Needs Services

### COMMUNITY AND ECONOMIC DEVELOPMENT

- ☐ Consumer Education
- ☐ Transportation Services
- ☐ Community Improvement
- ☐ Regional/State/City Planning
- ☐ Social Services Planning/Delivery
- ☐ Community-Based Volunteer Programs
- ☐ Cooperatives/Credit Unions

- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Small/Minority Business
- ☐ Tax Counseling/Counseling
- ☐ Thrift Store
- ☐ Microenterprise
- ☐ Technology Access

- ☐ Other Community Development
- ☐ Food Production/Community Gardens/Farming
- ☐ Welfare to Work

OMB Control #: 3045-0087

Expiration Date: 2/29/08

## APPENDIX D: Performance Measurement Worksheet

**Output**-- The amount of product or service delivered (students tutored, trees planted, etc).

**Intermediate-outcome**--A change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit.

**End-outcome**--A significant and lasting change that has occurred in the lives of beneficiaries and/or members.

**INSTRUCTIONS: Complete one worksheet for each performance measure.**

1. Select a <b>performance measure category</b> : <input type="radio"/> Needs and Service Activities. <input type="radio"/> Participant Development <input type="radio"/> Community Strengthening	
2. Select a <b>performance measure type</b> : <input type="radio"/> Output <input type="radio"/> Intermediate Outcome <input type="radio"/> End Outcome	
3. <b>Need</b> . Describe the need that this performance measure will address.	
4. Anticipated Result. Identify the expected <b>result</b> .	
5. Activities. Describe the <b>activities</b> planned to achieve this result.	
6. Measurement. Describe the data and instruments you use to <b>measure</b> the results.	
7. Targets. Describe the <b>targets</b> you expect meet during the 3 year grant period?	Year 1:
	Year 2:
	Year 3:
8. Performance Measure. Combine your anticipated results and your targets into a sentence.	
9. If you have <b>data for this performance measure from prior years</b> , report it here.	

OMB Control #: 3045-0087

Expiration Date: 02/29/2008



## APPENDIX E: SF424A Budget Instructions (Budget Section)

**Before You Begin:** In *eGrants*, the preparation of a detailed budget provides the data that creates the summary budget and the budget narrative. Your detailed budget must provide a full explanation of associated costs including their purpose, justification, and the basis of your calculations. Where appropriate, your calculations should be presented in an equation format, identifying the number of persons involved with the event, the per person/unit cost, and/or the annual salary cost.

Use the Budget Worksheet as a guide as you prepare your budgets.

### SUPPORT EXPENSES

- A. Personnel Expenses** – Include the portion of principal staff time attributed directly to the operation of the project. List each staff position and a brief statement of responsibilities for each in the ‘Position/Title’ field. For each position, also include the annual salary, and the percentage of staff time that will apply to the grant.
- B. Personnel Fringe Benefits** – Include costs of benefit(s) for your project staff. You can identify and calculate each benefit or show cost as a percentage of all salaries.
- C. Project Staff Travel** - Describe the purposes for staff travels. Costs allowable are transportation, lodging, subsistence, and other related expenses for local and outside the project area travel.
- D. Equipment** – Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 (five thousand) or more per unit (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. Purchases of equipment are limited to 10% of the total grant amount, i.e., the federal share of all budget line items. If applicable, show the unit cost and number of units you are requesting.
- E. Supplies** – Include the funds for the purchase of consumable supplies and materials that does not fit the definition above. You must individually list any single item costing \$1,000 (one thousand) or more.
- F. Contractual and Consultant Services** - You may include costs for consultants related to the project’s operations. Consultants used for evaluation should be included in **H. Evaluation** below. Payments to individuals for consultant services under this grant may not exceed \$540 per day (exclusive of any indirect expenses, travel, and supplies). Where applicable, indicate the daily rate for consultants.
- G. Training** - Include the costs associated with training of staff working directly on the project, especially training that specifically enhances staff project implementation and professional skills, i.e., project or financial management, team building, etc. Indicate daily rates of consultants, where applicable. You may also include costs associated with the training of service participants that will support them in carrying out their service activities, e.g., Orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment, etc. Indicate daily rates of consultants, where applicable.
- H. Evaluation** - Include costs for project evaluation activities, including additional staff time or subcontracts you did not budget under Section I A. Personnel Expenses, use of evaluation consultants, purchase of instrumentation and other costs specifically for this activity. This **does not** include the daily/weekly gathering of data to assess progress toward project objectives, but is a larger assessment of the impact your project is having on the community, as well as an

assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

- I. Other** – Allowable costs in this category may include travel to Corporation-sponsored meetings and background checks of participants if their service activities involve contact with vulnerable populations, i.e., children, the elderly, and the disabled. In addition, these costs may include office space rental (for sites where projects are operating, while national office space rental may be unallowable – check relevant OMB Circulars), utilities, and telephone and Internet expenses that are specifically used for participants, directly involve project staff, and are not part of the organizations indirect cost/admin cost. If shared with other projects or activities, you must prorate the costs equitably. List each item and provide a justification in the budget.

**J. Indirect Costs**

**1. Definitions**

Administrative costs are general or centralized expenses of overall administration of an organization that receives Corporation funds and does not include particular project costs. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122. For organizations that do not have an established indirect cost rate for federal awards, administrative costs include:

1. costs are financial, accounting, auditing, contracting or general legal services, except in unusual cases whether they are specifically approved in writing by the Corporation as project costs;
2. costs for internal evaluation, including overall organization's management improvement costs (except for independent and internal evaluations of the project evaluations that are specifically related to creative methods of quality improvement); and
3. costs for general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project.

Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project. The principles that pertain to the allocation and documentation of personnel costs are stated in the OMB circulars that are incorporated in Corporation regulations [45 CFR 2541.220(b)].

Administrative costs **do not** include the following allowable expenses directly related to a project (including their operations and objectives), such as:

1. allowable direct charges for members, including living allowances, insurance payments made on behalf of members training and travel;
2. costs for staff (including salary, benefits, training and travel) who recruit, train, place or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective;
3. costs for independent evaluations and any internal evaluations of the project that are related specifically to creative methods of quality improvement;
4. costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support project activities; staff who coordinate and facilitate single or multi-site project activities; and staff who review, disseminate and implement Corporation guidance and policies directly relating to a project;

5. space, facility and communications costs that primarily support project operations, excluding those costs that are already covered by an organization's indirect costs rate; and
6. other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by the Corporation as directly attributable to a project.

## **2. Calculating Administrative/Indirect Costs**

### **Federally Approved Indirect Cost Rate Method**

If you have a federally approved indirect cost (IDC) rate and choose to use it, such rate will constitute documentation of your administrative costs. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage). It is at your discretion whether or not to use your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate under the Rate Claimed field.

- a. Determine the amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as proscribed by your organization (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
- b. Multiply the sum of the Corporation share in Sections I and II by .0526. This is the maximum amount you can claim as the Corporation share of indirect costs.
- c. Subtract the amount calculated in step 2 from the amount calculated in step 1. This is the amount the applicant can claim as grantee share for administrative costs.

### **K. Match**

Describe the grantee match contribution for Section I. Support Expenses by clearly indicating the source(s), the type of contribution (cash), the amount (or estimate), and the intended purpose of the match.

# Budget Worksheet

## Section I. Support Expenses

### A. Personnel Expenses

Position/Title	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

### B. Personnel Fringe Benefits

Item	Description	Total Amount	CNCS Share	Grantee Share
Totals				

### C. Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

### D. Equipment

Item/Purpose	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

### E. Supplies

Item	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

### F. Contractual and Consultant Services

Purpose	Calculation (include Daily Rate)	Total Amount	CNCS Share	Grantee Share
Totals				

**G. Training**

Purpose	Calculation (include Daily Rate)	Total Amount	CNCS Share	Grantee Share
Totals				

**H. Evaluation**

Purpose	Calculation (include Daily Rate)	Total Amount	CNCS Share	Grantee Share
Totals				

**I. Other Support Costs**

Item	Total Amount	CNCS Share	Grantee Share
Totals			

**J. Indirect Costs**

Description	Total Amount	CNCS Share	Grantee Share

**K. Source of Match**

Source(s), Type, Amount, Intended Purpose,

OMB Control #: 3045-0087

Expiration Date: 02/29/2008

## APPENDIX F: Survey on Ensuring Equal Opportunity for Applicants



### SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

*Federal Agency Use Only*

OMB No. 3045-0087    Exp. 2/29/2008

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** \_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Grant Name:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Does the applicant have 501(c)(3) status?

☐ Yes                      ☐ No

2. How many full-time equivalent employees does the applicant have? *(Check only one box).*

☐ 3 or Fewer              ☐ 15-50  
☐ 4-5                      ☐ 51-100  
☐ 6-14                      ☐ over 100

3. What is the size of the applicant's annual budget?

*(Check only one box.)*

☐ Less Than \$150,000  
☐ \$150,000 - \$299,999  
☐ \$300,000 - \$499,999  
☐ \$500,000 - \$999,999  
☐ \$1,000,000 - \$4,999,999  
☐ \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes                      ☐ No

5. Is the applicant a non-religious community-based organization?

☐ Yes                      ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes                      ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local )?

☐ Yes                      ☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes                      ☐ No

## Survey Instructions on Ensuring Equal Opportunity for Applicant

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

## **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **3045-0087**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** *Marlene Zakai*, Office of Grants Policy and Operations, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** *Marlene Zakai*, Office of Grants Policy and Operations, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.